

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/03/2014
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NAME OF PROVIDER OR SUPPLIER GLENBROOK REHABILITATION & SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3811 PARNELL AVE FORT WAYNE, IN 46805
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F000000	<p>This visit was for the Investigation of Complaints IN00146309 and IN00146453.</p> <p>Complaint IN00146309 Substantiated. Federal/ State deficiencies related to the allegations are cited at F157, F241, F441, and F465.</p> <p>Complaint IN00146453 Substantiated. Federal/ state deficiencies related to the allegations are cited at F157, F241, F441 and F465.</p> <p>Survey dates: April 2, and 3, 2014</p> <p>Facility number : 000092 Provider number: 155176 AIM number: 100266090</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 74 Total: 74</p> <p>Census payor type: Medicare: 11 Medicaid: 53</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Other: 10 Total: 74</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 4, 2014 by Randy Fry RN.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review the facility failed to notify the family of a change in therapy status for 1 of 3 residents reviewed for therapy</p>	F000157	<p>1. The family for resident A was notified of the change in therapy at a care plan that preceded the discharge. Resident A was discharged to home. 2. Residents receiving therapy have</p>	04/17/2014			

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	<p>changes in a sample of 3. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's record was reviewed 4-2-2014 at 1:57 PM. Resident #A's diagnoses included but were not limited to high blood pressure, diabetes, and high cholesterol.</p> <p>A physician's order dated 3-4-2014 indicated Resident #A was to have a Physical Therapy (PT), and Occupational Therapy (OT) evaluation and treatment.</p> <p>A Therapy Assessment dated 3-6-2014 at 2:34 PM indicated the assessment was a screen. The assessment further indicated Resident #A was walking with limited assistance, and had experienced a decline. The report further indicated the recommendation for the resident was for OT to evaluate the resident for treatment. Other recommendations on the report indicated OT evaluation was appropriate to address safety and decision making. The reasoning for not beginning PT was not addressed on the report. Additionally, there was no indication the therapy department had discussed the priority for OT</p>		<p>the potential to be affected. A review of all residents with changes in therapy orders for the last 30 days was completed to ensure family notification was conducted and those affected will be notified of the changes. 3. The nurses were educated by the Director of Nursing as to the requirements of notification of the families regarding therapy order changes. The Director of Nursing or designee will monitor daily in the morning meeting that the therapy orders have had family notification.</p> <p>1. Director of Nursing or designee will monitor, using the Family Notification Audit tool (see attached) for compliance weekly for 2 weeks, then Monthly for 2 months, then quarterly for 6 months and forward results to monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as determined by the committee. Compliance threshold is 90%. Non-compliance may result in disciplinary action up to and including termination.</p> <p>5. Systems will be implemented by April 17th</p>		

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	<p>rather than PT with the family.</p> <p>A physician's order dated 3-6-2014 indicated to discontinue PT evaluation and treatment. There was no indication the physician knew of the family's request for PT to enhance walking ability due to a previous fall at home and subsequent hospitalization.</p> <p>A 5 day Minimum Data Set dated 3-11-2014 indicated Resident #A had a Brief Interview for Mental Status (BIMS) score of 5 indicating Resident #A had severe cognitive deficit.</p> <p>A review of Resident #A's progress notes did not indicate the physician had been made aware of the family wishes or the family made aware of the change in the therapy orders.</p> <p>In an interview on 4-2-2014 at 3:48 PM, the Rehab Therapy Director indicated the therapist doing the therapy screen felt the OT deficits were bigger than the PT deficits, and so the therapist recommended to work on the OT deficits first. The Rehab Therapy Director further indicated if the family's wishes would have been made known about wanting PT rather than OT, the</p>			
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	<p>therapy department would have worked on PT as well. The Rehab Therapy Director further indicated the Nursing Department was responsible for calling the family with therapy program changes, and was unsure if the nursing department had called the family about that change.</p> <p>In an interview on 4-3-2014 at 8:06 AM, the Social Services Director (SSD) indicated she had talked with therapy in morning meetings that Resident #A was in therapy, but could not recall what therapy, or therapy changes had occurred with the resident. Additionally, the SSD indicated she had not reviewed the therapy goals with the family, just the overall discharge goals.</p> <p>In an interview on 4-3-2014 at 9:13 AM, the Director of Nursing indicated there was no further documentation of facility having discussed the therapist recommendation to complete OT prior to beginning PT, or that the physician had been made aware of the family wish to have PT for Resident #A.</p> <p>This Federal tag relates to Complaints IN00146309, and IN00146453.</p>			

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F000241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, and interview, the facility failed to provide nail care for 2 of 3 residents reviewed for nail care in a sample of three. (Resident #B and Resident #C)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed 4-3-2014 at 9:05 AM. Resident #B's diagnoses included, but were not limited to, osteoarthritis, and depression.</p> <p>On 4-2-2014 at 3:25 PM, Resident #B was observed sitting in a wheelchair in the front Resident Lounge. Resident #B's nails were observed to be long, with black colored matter under the nails of the right hand.</p> <p>On 4-3-2014 at 8:59 AM, Resident #B was observed to be sitting at breakfast. The black matter was observed to have remained under the nails of the right hand.</p> <p>In an interview on 4-3-2014 at 8:59</p>	F000241	<p>1. Resident B and C are unknown as no resident identifier list was given. All residents that required any additional nail care received it. 2. All residents have the potential to be affected. An audit of all fingers nails was completed by management and facility staff during the survey process on April 4th 2014. All residents that required any additional nail care received it. 3. The nursing department as well as the Management team were educated to the need to ensure nail care is completed as needed by the Executive Director and Director of Nursing. The management team is assigned to specific rooms using our C.A.R.E program. This program encompasses nail care. This program audits 5 times a week to ensure compliance (see attached CARE Rep Daily Visit tool). The DNS/designee will conduct rounds daily to ensure resident nails are cleaned and trimmed.</p> <p>1.Executive Director or designee will monitor, using the attached Daily Room Round Checklist audit tool for compliance weekly for 2 weeks, then monthly for 2 months, then</p>	04/17/2014			

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	<p>AM, Resident #B indicated the facility completed nail care "every so often, activities does my nails, and I just wait for them to do it". Resident #B further indicated the CNAs help with bathing, but do not complete nail care.</p> <p>A Minimum Data Set (MDS) dated 3-20-2014 indicated Resident #B's Brief Interview for mental Status (BIMS) score was 15 indicating Resident #B was fully able to answer questions appropriately, and make decisions. The MDS further indicated Resident #B had no behaviors, and required extensive assistance with personal hygiene.</p> <p>2. Resident #C's record was reviewed 4-3-2014 at 10:15 AM. Resident #C's diagnoses included, but were not limited to, diabetes, high blood pressure, and depression.</p> <p>On 4-2-2014 at 3:42 PM, Resident #C was observed in bed. Brownish, orange matter was noted under Resident #C's nails on both hands. Additionally, Resident #C's nails were long and jagged.</p> <p>On 4-3-2014 at 8:29 AM, Resident #C was observed in bed. Resident #C's nails were observed to have</p>		<p>quarterly for 6 months and forward results to monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as determined by the committee. Compliance threshold is 90%. Non-compliance may result in disciplinary action up to and including termination.</p> <p>5. Systems will be implemented by April 17th</p>				

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	<p>brownish orange matter under them and the nails were observed to be long and jagged.</p> <p>In an interview on 4-3-2014 at 8:29 AM, Resident #C indicated activities filed all of the nails from time to time, but the CNAs did not complete nail care after showers.</p> <p>A review of the MDS dated 3-9-2014 indicated Resident #C had a BIMS score of 15 indicating Resident #C was able to make decisions and answer questions appropriately. Additionally, the MDS indicated Resident #C had no behaviors, had not rejected any care, and required extensive assistance with personal hygiene.</p> <p>In an interview on 4-3-2014 at 9:52 AM, CNA #1 indicated residents were supposed to get their nails done with the daily bathing routine, but they didn't always get done, because the CNAs have no time for it.</p> <p>In an interview on 4-3-2014 at 9:57 AM, CNA #2 indicated Activities was to complete nail care on the residents.</p> <p>This Federal tag relates to Complaints IN00146309, and</p>						

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F000246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation, and interview, the facility failed to provide nail care for 2 of three residents reviewed for nail care in a sample of three. (Resident #B and Resident #C)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed 4-3-2014 at 9:05 AM. Resident #B's diagnoses included, but were not limited to, osteoarthritis, and depression.</p> <p>On 4-2-2014 at 3:25 PM, Resident #B was observed sitting in a wheelchair in the front Resident Lounge. Resident #B's nails were observed to be long, with black colored matter under the nails of the right hand.</p> <p>On 4-3-2014 at 8:59 AM, Resident #B was observed to be sitting at breakfast. The black matter was observed to have remained under the nails of the right hand.</p>	F000246	<p>1. Resident B and C are unknown as no resident identifier list was given. All residents that required any additional nail care received it. 2. All residents have the potential to be affected. An audit of all fingers nails was completed by management and facility staff during the survey process on April 4th 2014. All residents that required any additional nail care received it. 3. The nursing department as well as the Management team were educated to the need to ensure nail care is completed as needed by the Executive Director and Director of Nursing. The management team is assigned to specific rooms using our C.A.R.E program. This program encompasses nail care. This program audits 5 times a week to ensure compliance (see attached CARE Rep Daily Visit tool). The DNS/designee will conduct rounds daily to ensure resident nails are cleaned and trimmed.</p> <p>1.Executive Director or designee will monitor, using the attached Daily Room Round Checklist audit tool for compliance weekly for 2 weeks,</p>	04/17/2014			

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	<p>In an interview on 4-3-2014 at 8:59 AM, Resident #B indicated the facility completed nail care "every so often, activities does my nails, and I just wait for them to do it". Resident #B further indicated the CNAs help with bathing, but do not complete nail care.</p> <p>A Minimum Data Set (MDS) dated 3-20-2014 indicated Resident #B's Brief Interview for mental Status (BIMS) score was 15 indicating Resident #B was fully able to answer questions appropriately, and make decisions. The MDS further indicated Resident #B had no behaviors, and required extensive assistance with personal hygiene.</p> <p>2. Resident #C's record was reviewed 4-3-2014 at 10:15 AM. Resident #C's diagnoses included, but were not limited to, diabetes, high blood pressure, and depression.</p> <p>On 4-2-2014 at 3:42 PM, Resident #C was observed in bed. Brownish, orange matter was noted under Resident #C's nails on both hands. Additionally, Resident #C's nails were long and jagged.</p> <p>On 4-3-2014 at 8:29 AM, Resident</p>		<p>then monthly for 2 months, then quarterly for 6 months and forward results to monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as determined by the committee. Compliance threshold is 90%. Non-compliance may result in disciplinary action up to and including termination. Systems will be implemented by April 17th</p>	

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	<p>#C was observed in bed. Resident #C's nails were observed to have brownish orange matter under them and the nails were observed to be long and jagged.</p> <p>In an interview on 4-3-2014 at 8:29 AM, Resident #C indicated activities filed all of the nails from time to time, but the CNAs did not complete nail care after showers.</p> <p>A review of the MDS dated 3-9-2014 indicated Resident #C had a BIMS score of 15 indicating Resident #C was able to make decisions and answer questions appropriately. Additionally, the MDS indicated Resident #C had no behaviors, had not rejected any care, and required extensive assistance with personal hygiene.</p> <p>In an interview on 4-3-2014 at 9:52 AM, CNA #1 indicated residents were supposed to get their nails done with the daily bathing routine, but they didn't always get done, because the CNAs have no time for it.</p> <p>In an interview on 4-3-2014 at 9:57 AM, CNA #2 indicated Activities was to complete nail care on the residents.</p>				

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NAME OF PROVIDER OR SUPPLIER GLENBROOK REHABILITATION & SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3811 PARNELL AVE FORT WAYNE, IN 46805
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F000441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and</p>	F000441	1. The identified rooms were cleaned immediately upon tour,	04/17/2014

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	<p>record review the facility failed to implement the infection control program as evidenced by uncovered personal care items in bathrooms, and trash not contained in trash cans. This had the potential to affect 10 of 15 residents on the 300 hall, and 8 of 42 residents on the 200 hall.</p> <p>Findings include:</p> <p>A Resident Census list dated 4-2-2014 provided by the Business Office manager on 4-2-2014 at 8:08 AM indicated there were 17 residents on 100 hall, 42 residents on 200 hall, and 15 residents on 300 hall. The report further indicated there were 2 residents in room 201, 2 residents in room 202, 2 residents in room 228, 2 residents in room 230, 1 resident in room 303, 2 residents in room 304, 2 residents in room 306, 1 resident in room 307, 2 residents in room 308, and 2 residents in room 312.</p> <p>On 4-2-2014 at 8:10 AM, during initial facility rounds, the following was observed: In room 304, a bedpan was observed on the floor of the bathroom, uncovered. In room 303, an opened package of briefs were observed on the floor of the bathroom between the toilet and the wall.</p>		<p>all uncovered personal care items were cleaned and covered and trash was placed in appropriate containers. 2. All residents have the potential to be affected. An audit of all resident rooms was conducted on April 3rd. Any identified items were addressed.</p> <p>3. The nursing department as well as the Management team were educated on infection control i.e. labeling, cleaning, bagging of personal items and proper placement of garbage by the Executive Director and Director of Nursing. The management team is assigned to specific rooms using our C.A.R.E program. This program audits 5 times a week to ensure compliance (see attached CARE Rep Daily Visit tool). DNS/designee will conduct rounds each shift daily to ensure personal care times are cleaned and properly stored and trash is properly discarded in resident rooms.</p> <p>1.Executive Director or designee will monitor using the attached Daily room check round list audit tool for compliance weekly for 2 weeks, then monthly for 2 months, then quarterly for 6 months and forward results to monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as determined by the committee. Compliance threshold is 90%.</p>	

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	<p>In room 306, an uncovered bedpan was observed on the floor of the bathroom. Additionally, an inverted glove was noted lying on the floor next to the trash can.</p> <p>In room 308, a graduated cylinder was observed sitting on the back of the toilet uncovered. There was clear liquid in the bottom of the cylinder.</p> <p>In room 307, there was a package of opened briefs on the floor in the bathroom under the sink, and a graduated cylinder sitting on the back of the toilet uncovered. There was clear fluid observed on the cylinder.</p> <p>In room 312, there was a bedpan on the floor under the sink, and one between the toilet and the wall. Both were uncovered.</p> <p>In room 230, there was brown matter observed on the toilet seat.</p> <p>In room 228, there was an inverted glove observed on the floor by the trash can.</p> <p>In room 202, there was a toilet riser, uncovered, under the sink.</p> <p>In room 201, there was a toilet riser on the floor of the bathroom uncovered.</p> <p>In an interview on 4-2-2014 at 8:12 AM, the Director of Environmental Services, indicated the bedpans in rooms 304, 306, and 312 were in use by residents and should have been</p>		<p>Non-compliance may result in disciplinary action up to and including termination.</p> <p>5. Systems will be implemented by April 17th</p>	
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	<p>covered. He additionally indicated the toilet risers in rooms 201, and 202 were in use by residents residing in those rooms and should have been covered. Further, he indicated the graduated cylinders in rooms 307, and 308 were in use by the CNAs and should have been covered. He also indicated gloves were to be in the trash cans and not on the floors, and briefs were to be put away in the closets.</p> <p>A Daily Room Round checklist was provided by the Director of Nursing on 4-2-2014 at 9:10 AM. The checklist indicated urinals and bedpans were to be bagged and put away.</p> <p>In an interview on 4-2-2014 at 9:10 AM, the Director of Nursing indicated the facility was aware of the problem, and was instituting the checklist after morning meeting on 4-2-2014.</p> <p>This Federal tag relates to Complaints IN00146309, and IN00146453.</p> <p>3.1-18(b)(1)</p>			
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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review the facility failed to provide a clean environment as evidenced by unflushed toilets in bathrooms. This had the potential to affect 2 of 15 residents on the 300 hall, 3 of 42 residents on the 200 hall, and 2 of 17 residents on the 100 hall.</p> <p>Findings include:</p> <p>A Resident Census list dated 4-2-2014 provided by the Business Office manager on 4-2-2014 at 8:08 AM indicated there were 17 residents on 100 hall, 42 residents on 200 hall, and 15 residents on 300 hall. The report further indicated there were 2 residents in room 105, 2 residents in room 210, 1 resident in room 229 and 2 residents in room 304.</p> <p>On 4-2-2014 at 8:10 AM, during initial facility rounds, the following was observed: In room 304, the toilet had yellowish liquid in it with some toilet paper floating. There was an odor of urine in the bathroom.</p>	F000465	<p>1. The identified rooms were flushed immediately upon tour.</p> <p>2. All residents have the potential to be affected. An audit of all resident rooms was conducted on April 3rd. Any identified toilets needing flushed were addressed.</p> <p>3. The nursing department as well as the Management team was educated on the need to flush toilets by the Executive Director and Director of Nursing. The management team is assigned to specific rooms using our C.A.R.E program. This program audit 5 times a week to ensure compliance (see attached CARE Rep Daily Visit tool). DNS/designee will conduct rounds each shift daily to ensure personal care times are cleaned and properly stored and trash is properly discarded in resident rooms.</p> <p>1.Executive Director or designee will monitor using the attached Daily room check round list audit tool for compliance weekly for 2 weeks, then monthly for 2 months, then quarterly for 6 months and forward results to monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as</p>	04/17/2014			

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	<p>In room 229, the toilet had yellowish liquid in it with toilet paper floating. There was an odor of urine in the bathroom.</p> <p>in room 210, the toilet had yellowish brownish liquid with brown clumps with some toilet paper floating. The bathroom had a distinctive odor.</p> <p>In room 105, the toilet had yellowish liquid in it with toilet paper floating. The bathroom had an odor.</p> <p>In an interview on 4-2-2014 at 8:12 AM, the Director of Environmental Services indicated the toilets should have been flushed.</p> <p>In an interview on 4-2-2014 at 9:10 AM, the Director of Nursing Services indicated the facility was beginning a checklist to help with bathroom issues.</p> <p>A review of a Daily Room Round Checklist provided by the Director of Nursing services on 4-2-2014 at 9:10 AM, indicated the issue of flushing the toilet was not mentioned.</p> <p>This Federal tag realties to Complaints IN00146309, and IN00146453.</p> <p>3.1-19(f)</p>		<p>determined by the committee. Compliance threshold is 90%. Non-compliance may result in disciplinary action up to and including termination.</p> <p>5. Systems will be implemented by April 17th</p>				

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